Physiotherapy Assessments in Mental Health Care - *Are we measuring the right things in a societal perspective?*

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Background

Mental Health problems are common, and one out of four people in the European Region experience some type of mental health problem during their lifetime. Mental disorders are the second largest contributor to the burden of disease (Measured in DALys) in the European Region and the most important cause of disability (WHO-Health 2020). About 50% of people with mental health problems do not receive any form of treatment. Stigma and discrimination are major reasons why people avoid seeking help. Looking at lifestyle indicators in the world there are important inequalities within countries across key lifestyle indicators, including smoking rates obesity, exercise habits and long-term disease. In addition 20% of the population with the lowest income is most likely to delay seeking healthcare because of fear of financial catastrophe from out-of -pocket payments (WHO Health 2020).

Health inequalities are linked to health-related behavior, including tobacco and alcohol use, diet and lack of physical activity as well as mental disorders, which in turn reflect the stress and disadvantage in people's lives. Today, health is foremost about people and how health is lived and created in the context of their everyday lives. The concept of vulnerability sometimes refers to a lack of physical and/or mental resilience among individual people, but in Health 2020, the context is broader – vulnerability includes both social adversity and an ill-health perspective. This is among other aspects seen as the result from exclusionary processes that operate across the whole of society and give rise to a social gradient in health (WHO Health 2020).

Gender is another important aspect of inequality. A gender approach is needed to understand and tackle socioeconomic and health inequities. Gender equity refers to fairness and justice in the distribution of benefit, power, resources and responsibilities between women and men to allow them to attain their full health potential. Gender-based violence is one of the most sensitive indicators of gender inequity and can severely affect physical and mental health (WHO Health 2020).

Activity and Participation are closely related for the individual. To be able to participate in different chosen activities may give meaning to one's life. This must however be seen in relation to Environmental Factors. The environment influences the individual's possibility to be active and participate. The Environment is a multifactorial construct that contain many factors all from transportation to attitudes. In mental Health care the social environment and attitudes e.g. stigmatizing attitudes in others (and/or self stigmatization) can be viewed as participation barriers (WHO, ICF, 2018).

Aim

The aim of this paper was to study the published assessments of Mental Health Physiotherapists in the light of health inequality and participation aspects in a societal perspective

Research questions:

-What measurements and assessments are used by Physiotherapists in Mental Health Care?
-Are we measuring the right things in a societal perspective?
-Can instrument that measures participation be found in other sources than Physiotherapy publications?

Methods

A search of the relevant literature on societal health issues were performed and compared to a search of published measurements and assessments in Physiotherapy in Mental Health Care. Searches of validated and reliable Physiotherapy assessments and measurements were performed in the following databases: PUB Med, Google Scholar, Newly published books in Physiotherapy in Mental Health and the webpages of the World health Organization (WHO). Concerning specifically issues on the societal perspective, the Websites of WHO, and Health 2020 were searched.

Results

The results of Physiotherapy Assessment found were categorized into the following groups.

Behavioral, e.g. The Louvain Observation Scales for Objectives in Psychomotor Therapy, LOFOPT, (Simons 2018, Van Coppenolle et. al 1989)

Function and body Function: e.g. Return-To-Work Self-Efficacy Scale, RTW-SE (Brouwer et. al. 2011), The Global Physiotherapy

Examination, GPE-52 (Kvåle 2018, Kvåle et. al 2006), The Global Body Examination, GBE (Kvåle 2018, Kvåle et. al 2016), The Global Assessment of Functioning, GAF (Moos et. al. 2000).

Quality of movements, body awareness: e.g. Body Awareness Scale Movement Quality and Experience, BAS MQ-E (Gyllensten et. al 2018, Hedlund et. al 2016), Body Awareness Rating Scale –(Movement Quality and Experience), BARS-(MQE) (Skjaerven et. al 2018, Skjaerven et. al 2015), Body Awareness Rating Questionnaire, BARQ (Dragesund 2018, Dragesund et. al 2010), ABC-The Awareness Body Chart (Danner 2018, Danner et. al 2017)

Body Attitude and Attitude to exercise: e.g. The Body Attitude Test, BAT (Probst 2018), Exercise and Eating Disorder Questionnaire, EED (Danielsen et. al 2015, Danielsen 2018), Physical Activity and Unrest Test PAUT (Probst 2018).

Acceptance: e.g. The Chronic Pain Acceptance Questionnaire, 8-items, CPAQ-8, (Fish et. al. 2010)

Fitness: e.g. 6 minutes' walk test, 6MWT, Enright P, 2003), Accelerometer test (LI Yan-bo, ZENG Ming 2008)

Participation: no assessments were found in Physiotherapy publications. In WHO literature, however, the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) was found.

Discussion

In the gender perspective the Body Attitude Test (Probst 2018) that measures the female patients attitude to their body is interesting since it is both validated and reliable and measure the self-stigmatization of mainly young girls and women through the sub-scales of a negative appreciation of body size, lack of familiarity with one's own body and a general body dissatisfaction. In the Activity perspective the Body Awareness Scale Movement Quality and Experience (Gyllensten 2018) that is partly inspired by the WHO, International Classification of Function is interesting since it measures the movement quality in activity and the participants experience of activities and function in movements and health. The 6 minutes' walk test (Enright 2003) by the American Thoracic Society measure the activity in a functional fitness perspective for all sorts of groups but has been used also in Physiotherapy in Mental Health (Sundén et. al 2016, Bernard et. al 2014). To assess and measure aspects of movements, function and attitudes are important for both patients and Physiotherapists in Mental Health, but maybe not enough. The WHODAS 2.0 is very interesting for Physiotherapists that want to include a validated and reliable instrument that also measure participation. It was developed in a collaborative international approach with the aim to create a single generic instrument for assessing health status and disability across different cultures and settings. The WHODAS 2.0 is used across all diseases, including mental, neurological and addictive disorders. It is short, simple and easy to administer (5 to 20 minutes). It's applicable in both clinical and general population setting and across cultures, in all adult populations (WHO WHODAS 2.0, 2015).

The domains of functioning assed by WHODAS 2.0 are not only participation but the following:

- Cognition – understanding & communicating
- Mobility– moving & getting around
- Self-care– hygiene, dressing, eating & staying alone
- Getting along– interacting with other people
- Life activities– domestic responsibilities, leisure, work & school
- Participation– joining in community activities

If you want to use WHODAS 2.0, it is available in the WHO webpage www.who.int//healthinfo/whodas and most probably also from the respective Board of Health and Welfare in your country.

To be able to participate in society is often a goal in Physiotherapy treatment and rehabilitation. Then it should also be assessed. The measurement/ assessment WHODAS 2.0 may contribute to strengthening the societal perspective in Physiotherapy in Mental Health. To include participation in the assessment of Physiotherapy rehabilitation may make Physiotherapy in Mental Health even more up-to-date and relevant for decision- and policymakers

Limitations of the study

The limitation may be that some assessments used in Mental Health Physiotherapy in are not included in this analysis. Many published articles within Physiotherapy have however been scanned and also new books published in the area of Mental Health Physiotherapy. No assessment including participation aspects were found but may have been missed.

Conclusion

Physiotherapists in Mental Health are good at assessing Disability and Function. There are some assessment focusing on Activity in a Physiotherapeutic perspective. No assessments focusing participation were found in any of the Physiotherapeutic assessments. A generic valid and reliable measurement the WHODAS 2, including participation and issued by WHO was found. The author of the article argue that this instrument should be included into Physiotherapy practice in Mental Health Physiotherapy.44

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